

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, FY 2013 – FY 2014 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Applicant must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/29/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: (e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: City of Long Beach CA 606

b. Employer/Taxpayer Identification Number (EIN/TIN): XXXXXXXXXX

	c. Organizational DUNS:	130009269	PL US 4	
--	--------------------------------	-----------	------------------------	--

d. Address

Street 1: 2525 Grand Avenue, Room 235

Street 2:

City: Long Beach

County:

State: California

Country: United States

Zip / Postal Code: 90815

e. Organizational Unit (optional)

Department Name: Health and Human Services

Division Name: Homeless Services Division

**f. Name and contact information of person to
be
contacted on matters involving this
application**

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Price

Suffix:

Title: Manager, Bureau of Community Health

Organizational Affiliation: City of Long Beach CA 606

Telephone Number: (562) 570-4003

Extension:

Fax Number: (562) 570-4066

Email: susan.price@longbeach.gov

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5800-N-30

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CH Healthy Homes

16. Congressional District(s):

a. Applicant: CA-044, CA-047

b. Project: CA-047

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2015

b. End Date: 06/30/2018

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review By State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 – FY 2014 CoC Program NOFA (Section VI.A.1.b), the FY 2014 Funding Notice and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Price

Suffix:

Title: Manager, Bureau of Community Health

Telephone Number: (562) 570-4003
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: susan.price@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/29/2014

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$1,042,581

Organization	Type	Sub-Award Amount
Alliance for Housing and Healing	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$1,042,581

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

a. Organization Name: Alliance for Housing and Healing

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: [REDACTED]

	* d. Organizational DUNS:	610043135	PL US 4:	0000
--	----------------------------------	-----------	-------------------------	------

e. Physical Address

Street 1: 825 Colorado Blvd., Suite 100

Street 2:

City: Los Angeles

State: California

Zip Code: 90041

f. Congressional District(s): CA-047
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$1,042,581

j. Contact Person

Prefix: Mr.

First Name: Terry

Middle Name:

Last Name: Goddard II

Suffix:

Title: Executive Director

E-mail Address: tgoddard@alliancehh.org

Confirm E-mail Address: tgoddard@alliancehh.org

Phone Number: 323-344-4899

Extension:

Fax Number: 323-254-2956

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

As the applicant, the City is the direct recipient of the HUD award. It is the contractual responsibility of the City to ensure that the stated goals and objectives of each project sponsor's programs are successfully carried out and documented according to the applicable regulations. The City signs the grant agreement for each project awarded, and receives funding directly from HUD for distribution to the project sponsor. The contractual responsibility encompasses oversight of each of the project sponsors. This includes compliance with the grant agreement and HUD regulations, sound financial record keeping, reporting, etc.

The City of Long Beach, Dept. of Health and Human Services, Homeless Services Division operates the Multi-Service Center (MSC) as the Centralized or Coordinated Assessment System to the Continuum of Care for all homeless populations. Under the City's leadership, the MSC partnership reflects a continuing goal to strengthen service options to meet the multiple needs of homeless individuals and families. With a range of housing and service providers, the MSC collaborative works with clients using a "no wrong door" approach and provides referrals as the individuals and families gain readiness to access resources.

For over 30 years, Alliance for Housing and Healing (Alliance) has provided programs and services for people living with HIV/AIDS. This 501(c)3 is the result of a merger between Aid for AIDS (AFA) and The Serra Project that occurred in 2009. Through the combined work of these two organizations, Alliance has provided in-home care, residential care for the chronically ill, and permanent supportive housing (PSH) to persons living with HIV/AIDS. The PSH program started in 1998 when new medications began to extend the lives of those living with AIDS. This program has grown an average of 59% per year since inception. Starting in 1993, AFA, and now Alliance, began administering federal funding to other agencies in its role as the Housing Opportunities for Persons with AIDS (HOPWA) Central Coordinating Agency (CCA). The CCA receives HUD and HOPWA funding both directly and through pass-through agencies that include the Los Angeles Homeless Services Authority (LAHSA), City of Pasadena, Los Angeles Housing Department (LAHD) and the LAC Division of HIV and STD Programs (DHSP).

Alliance receives 89% of its budget from government sources. We receive major support through two HUD funding streams, each slightly different in scope:

- (1) The HUD Supportive Housing Program is part of a local Continuum of Care strategy designed to promote supportive housing and services that assist homeless persons transition from homelessness and live as independently as possible;
- (2) HUD's HOPWA Program distributes its funding to states and cities by formula allocations and funds are made available as part of the area's Consolidated Plan. HOPWA formula grantees partner with project sponsors (like us) to provide housing and support to beneficiaries. HOPWA also makes grants for Special Projects of National Significance, such as our newest project, the Collaborative for Housing Integrated with Supportive Services (CHISS).

We maintain 21 different funding streams with HUD and HOPWA, both directly and via pass-through agencies that include LAHSA, the Los Angeles Housing and Community Investment Department (HCID), DHSP and the Cities of Long Beach, West Hollywood and Pasadena. As a government contractor for over 20 years, we are highly experienced in securing and fulfilling contracts, as well as reporting, renewal and monitoring procedures. We have never lost a contract due to agency performance and fully expect that government support for our

agency will continue.

Today, Alliance is Los Angeles County's (LAC) largest provider of master-leased, AIDS-specific PSH, the premier provider of need-based financial assistance to persons living with HIV/AIDS (PLWHA), and the only agency whose programs offer wraparound, continuum-of-care services aimed at keeping indigent PLWHA and their families housed and in care. Of those housed in the PSH program in 2012, 97% remain housed for at least 6 months. Over time, Alliance has seen the needs and vulnerability of the participant population increase which has made the in-home support that Alliance's PSH program provides even more vital. For over 18 years, Alliance has been providing PSH to homeless and unstably housed individuals and families with HIV/AIDS, and for over a year now, Alliance has been serving chronically homeless individuals and families in its scattered-site master lease PSH program. Prior to the focus on the chronically homeless, Alliance was not tracking chronically homeless clients that were served, but all of the participants served in the PSH program were eligible only if they had co-occurring conditions and over 40% were previously living in an emergency shelter, on the street, or a place not meant for human habitation. Currently, Alliance receives HUD-SHP funding for 95 units located throughout LAC, and has met the expectation of dedicating a percentage of turnover units to chronically homeless individuals in the last year. Over the last nine months, Alliance has placed 7 chronically homeless individuals and families into PSH turnover units. Of these participants, 100% continue to be housed; one participant has been housed for over 6 months; four participants have been housed for over 5 months; and the remaining three participants moved in within the last 3 months. Alliance is dedicated to meeting the housing and service needs of the chronically homeless.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

An integral part of Alliance's operating strategy is to identify and secure diversified funding from a variety of public and private sources. Publicly, Alliance receives funding from the Los Angeles Housing and Community Investment Program, which is financed by the federal Housing Opportunities for Persons Living with HIV/AIDS (HOPWA) Program. Alliance also receives monies from the Los Angeles County Department of Public Health, Division of HIV and Sexually Transmitted Disease Prevention (DHSP) as well as the Los Angeles Homeless Services Authority and Housing and Urban Development directly. Alliance supplements its governmental funding with private fundraising and private grants.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The City of Long Beach DHHS is the Lead Applicant for the CoC since 1995. Homeless Services Advisory Committee (HSAC) as the lead entity for the LB CoC brings together segments of the homeless and other community stakeholders. HSAC is appointed by the Mayor and City Council to research, develop and recommend policies and programs to address homelessness. This entity helps to assure that the needs of all homeless populations are addressed and strengthens the linkages between the City's planning, advocacy and service provider entities. DHHS has a long tradition of forging strong community-based partnerships, allowing for diverse community groups to come together and working towards achieving a common goal. This collaborative design allows for the development of shared visions and implementation of projects.

As the applicant, the City is the direct recipient of the HUD award. It is the contractual responsibility of the City to ensure that the stated goals and objectives of each project sponsor's programs are successfully carried out and documented according to the applicable regulations. The City signs the grant agreement for each project awarded, and receives funding directly from HUD for distribution to the project sponsor. The contractual responsibility encompasses oversight of each of the project sponsors. This includes compliance with the grant agreement and HUD regulations, sound financial record keeping, reporting, etc.

The City has developed and issued a Monitoring Guidelines binder for CoC/ESG funding. Per the guidelines the HSD conducts assessment of the projects, expenditure rates and deobligation history, performance evaluation, participation in CoC subcommittee meetings, review of Single Audit, Site Visits to assess programmatic compliance. The Contracts & Grants Specialists are trained extensively on the following: HUD/OMB CFR's, US GAAP, and other policies that govern the contract. The City's, Acctg. Division processes invoice requests, approved through the Manager prior to submission for payment and LOCCS draw downs.

Alliance is a 501c(3) governed by a twelve-member volunteer Board that hires and supervises the Executive Director, who is responsible the daily operations. Alliance's ED, Terry Goddard II, received the 2013 Edison International/Center for Nonprofit Management Nonprofit Leadership Impact Award.

The Alliance accrual accounting system captures the cost and revenues per program based on cost centers, establishing a distinct code for each program. The structure of the accounting system is designed to contain all direct cost and expenses for the specific cost center. CH Healthy Homes funds and accompanying expenses will be identified as part of a specific cost center, and therefore, ensure that funds will be used for their intended purpose. The financial statements are audited by an outside accounting firm on an annual basis. (This annual audit also includes an OMB A-133 audit.)

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2014 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the CoC Program Competition Appeals Notice.

Component Type: This is a populated field with "PH" and cannot be edited. Permanent supportive housing or rapid re-housing projects are the only type of new projects applications that can be submitted in the FY 2014 CoC Program Competition.

Energy star: This field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. CoC Number and Name: CA-606 - Long Beach CoC

1b. CoC Applicant Name: City of Long Beach

2. Project Name: CH Healthy Homes

3. Project Status: Standard

4. Component Type: PH

5. Is Energy Star used at one or more of the proposed properties? Yes

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Please note that projects applying for permanent supportive housing bonus funds have additional requirements for the project description narrative. These requirements include but are not limited to describing the capacity for assessing need, prioritizing persons with the most severe needs and outreach to the chronically homeless, as well as experience with and a description of the program design for implementing housing first. Project applicants must review the FY 2014 Funding Notice for full details concerning these requirements.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2014 Funding Notice and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request PSH Bonus funds that serve exclusively chronically homeless or new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" model: This is a required field. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any). Note: A PSH Bonus project cannot request capital costs.

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

Indicate the maximum length of assistance. RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only.

Will the project request costs under the rental assistance budget line item? This is a required field. If requesting rental assistance, select Yes from the dropdown menu. If not requesting rental assistance in this project application, select No.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA) as all PSH projects are required to offer

unlimited duration of assistance.

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Provide a description that addresses the entire scope of the proposed project.

CH Healthy Homes will address the service needs of chronically homeless people living with HIV/AIDS (PLWHA) or other chronic health conditions in Long Beach by providing permanent supportive housing (PSH), intensive case management and supportive services to assist the individuals in keeping their housing, increasing self-sufficiency, and improving health outcomes. 18 individuals will end their homelessness and no longer need to live on the street, in homeless shelters, or other places not meant for human habitation.

Apartments:

At full capacity, the project will have 18 leased apartments, each housing one CH individual. Alliance will furnish units with a couch, dining room table, bed, dresser, microwave, refrigerator and stove.

Participants:

The project will rely on the Coordinated Entry System (CES) in SPA 8 to identify CH individuals for this program. Alliance will also leverage the outreach services of community partners, and Alliance's Project Mainstream, a SSO program funded by the Long Beach CoC, will conduct street outreach.

Alliance will determine the severity of need by utilizing results from the VI-SPDAT, an assessment tool that captures level of vulnerability and the type of appropriate housing intervention. HIV+ participants with the longest length of homelessness and most severe service needs will be prioritized first; second will be participants with the longest history of homelessness; third will be participants with the most severe service needs; and fourth will be all other CH persons.

During the intake, Alliance will meet with the participant to assess needs, assist with utility set-up, review and sign the lease, and orient the participant to the apartment. This program will be implemented utilizing the Housing First Model by offering low-barrier entry into the program and provide extensive support.

Support:

To ensure the participant is provided with the support they require to maintain housing, there will be a participant to support service coordinator (SSC) ratio of 12:1. The SSCs will provide intensive housing case management via phone calls, home visits, and linkage to community supports. The program will use components of Critical Time Intervention, offering several contacts per week in the first trimester, lessening contact to a few per week in the second trimester, and finally tapering off to weekly, as appropriate, in the third trimester. The SSC will work with the participant to increase life skills related to household management, being a good neighbor and tenant, financial literacy, medication adherence, nutrition, interpersonal development and the prevention of medical and mental health. Due to the chronic nature of the co-occurring conditions experienced by the participants, SSCs will ensure linkage to Medicaid-financed clinics and services to meet medical and mental health needs. Participants will be able to remain in the program as long as they are eligible.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Months 1-3 HMIS Implementation (Director of Permanent Supportive Housing, DPSH)

Begin lease-up of units (Housing Manager, HM)

Lease-up 9 units (HM)

Hire 1.5 Supportive Service Coordinators, SSCs (DPSH)

Screen eligible participants (DPSH and SSCs)

Intake & move-in of 4 eligible participants (HM, DPSH, and SSCs)

Begin intensive housing case management services (SSCs)

Link participants to services and address housing barriers (SSCs)

Liaison with landlords and address apartment repairs (HM)

Months 3-6 Finalize lease-up of units (HM)

Lease-up remaining 9 units (HM)

Continue to screen eligible participants (DPSH & SSCs)

Intake & move-in of 10 eligible participants (HM, DPSH, SSCs)

Continue providing intensive housing case management services to all participants (SSCs)

Link participants to services and address housing barriers (SSCs)

Liaison with landlords and address apartment repairs (HM)

Months 6-9 Continue to screen eligible participants (DPSH & SSCs)

Intake & move-in of 4 participants (HM, DPSH, SSCs)

Reach project's full operational capacity

Continue providing intensive housing case management services to all participants (SSCs)

Link participants to services and address housing barriers (SSCs)

Liaison with landlords and address apartment repairs (HM)

Months 9-12 Continue to screen eligible participants as necessary (DPSH & SSCs)

Continue intake & move-in of participants as necessary (HM, DPSH, SSCs)

Continue providing intensive housing case management services to all participants (SSCs)

Liaison with landlords and address apartment repairs (HM)

Cheryl Castillo, Director of PSH, is responsible for the overall management of Alliance's psh programs. She will supervise program activities and staff associated with this project. Additionally, she will hire new staff, monitor project performance, HMIS data quality, and conduct on-going project evaluation. She has been with the organization for seven months, and in the psh field serving CH individuals for 13 years. She reports directly to Alliance's Executive Director Terry Goddard II.

Regina Nungaray, Program Assistant, will provide administrative support to the project. She processes rental agreements, rent payments, and utility payments in addition to being in direct contact with participants to assist them with their financial responsibilities in the PSH program.

Alliance's psh units are managed by Housing Manager Debra Wade who works closely with the landlords to acquire the units and manage the leases.

The Supportive Service Coordinators (1.5 FTE) will be responsible for screening participants for eligibility, providing intensive housing case management services, and supporting participants in meeting their own goals, as well as the goals of the project.

CFO Raúl Pavia, CPA, directly oversees the annual budget of \$7.7 million and the financial reporting aspects of this project.

3. Will your project participate in the CoC Coordinated Assessment System? Yes

4. Will your project have a specific population focus? Yes

4a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

5. Will the project follow a "Housing First" model? Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

N/A

7. Will the PH project provide PSH or RRH? PSH

7a. Indicate the maximum length of assistance: Unlimited assistance

8a. Will the project request costs under the rental assistance budget line item? No

9a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

9b. If yes, explain how and why the project will implement this requirement.

This project is seeking funds from the Long Beach Continuum of Care, which seeks to increase permanent supportive housing opportunities in the City of Long Beach. As mentioned in the project description, the City of Long Beach lacks PSH to support the chronically homeless persons currently residing in that area. The project plan includes leasing units in Long Beach City, focusing on areas where AHH already has established relationships with landlords. Once AHH enters into a one-year lease, it cannot be broken without financial penalty. Participants will be offered all vacant units, as available, that are already leased by the AHH. However, if a participant requires a specific type of unit or location due to their disability, AHH make a concerted effort to match to housing that meets their specific needs.

10a. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the level of accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Obtaining housing: Since Alliance will be leasing the units, participants will not be screened by landlords and cannot be refused for lack of credit, eviction records, or discrimination. Participants will be assisted with accessing move-in funds for security deposits and first-month's rent, and turning on utilities.

Remaining housed: The support service coordinator (SSC) will have contact with each participant an average of 2-3 times per week. Participants requiring more contact will have additional phone calls, home visits, and support in the community. Participation in services will be voluntary but the SSC will be assertive and creative in engaging the participant. The participants will have access to their SSCs via phone for emergencies outside of normal business hours. Additionally, the Housing Manager will be available to address property management-related emergencies. The SSC will provide as much support as needed in the way that works most effectively with the participant.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

During the intake process, all program participants will be assessed for eligible federal and state benefits, including General Relief, Social Security, Disability Benefits, CAPI, Food stamps, Medicaid, ADAP, etc. For those individuals who are not receiving benefits for which they are eligible, the assigned SSC assigned will provide assistance to the client in completing and submitting the paperwork necessary to apply for benefits. Additionally, Alliance will leverage a Benefits Specialist caseworker located at its Eagle Rock headquarters, to provide technical assistance to SSCs and participants who experience difficulty with the enrollment process. The SSCs will ensure that participants follow-up with eligible requirements and respond to requests for information that keep them enrolled in these programs.

Participants will be supported in maximizing their ability to live independently via life skills training and connection to community resources and supports. For participants who are able to work, but have not worked in some time, the SSC will link the participants to vocational or job training programs related to their interests. The SSC will also assist participants will completing job applications, creating a resume, and identifying volunteer opportunities that will support the participant's career interests. Participants that are unable to work will be provided with support in enrolling in GED or ESL classes or higher education. Participants will be encouraged to identify their interests and seek them out in their community. Since some participants may be slower in adapting to moving indoors and having their own apartment, the SSC will continually assess the participant's readiness and not push the participant farther than they are ready to go.

As participants stabilize in housing, the SSC will modify the level of support offered to the participant and empower the participant to continue making positive changes. For example, during the first few months, the SSC may offer more hands-on support by reviewing and paying bills with the participant or going on the bus with them to a scheduled medical or mental health appointment. At months 3 to 6, this level of support may decrease as the participant demonstrates that she/he is paying the bills on their own and attending their appointments, but benefits from reminders provided by the SSC. Throughout this process, the SSC will provide validation and encouragement to the participant as they make strides toward further independence and offer support that takes them to the next level.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.



Supportive Services	Provider	Access	Frequency
Assessment of Service Needs	Subrecipient	Onsite	Daily
Assistance with Moving Costs	Subrecipient	Onsite	As needed
Case Management	Subrecipient	Onsite	Daily
Child Care			
Education Services	Non-Partner	Public/private regional transportation	As needed
Employment Assistance and Job Training	Non-Partner	Public/private regional transportation	As needed

Food	Partner	Public/private regional transportation	Daily
Housing Search and Counseling Services	Subrecipient	Onsite	As needed
Legal Services	Partner	Public/private regional transportation	As needed
Life Skills Training	Subrecipient	Onsite	Daily
Mental Health Services	Partner	Public/private regional transportation	Monthly
Outpatient Health Services	Partner	Public/private regional transportation	Monthly
Outreach Services	Subrecipient	Onsite	As needed
Substance Abuse Treatment Services	Partner	Public/private regional transportation	As needed
Transportation	Subrecipient	Onsite	As needed
Utility Deposits	Subrecipient	Onsite	As needed

5. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.	Somewhat accessible: Minor transportation barriers, requires effort for participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 18

Total Beds: 18

Total Dedicated CH Beds: 18

Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	18	18	18	0

4B. Housing Type and Location Detail

Instructions:

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2014 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 18

b. Beds: 18

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 18

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1: 825 Colorado Blvd., Suite 100

Street 2:

City: Los Angeles

State: California

ZIP Code: 90041

4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key) 062088 LONG BEACH

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Please note that New RRH projects may only serve families (i.e. households with children, or households with only children).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	18	0	18

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	0	18		18
Non-disabled Adults over age 24	0	0		0
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	0		0	0
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	0	18		18
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	0		0	0
Total Persons	0	18	0	18

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Please note that New PSH projects may only serve the chronically homeless (i.e. the head of household must have a qualifying disability and be considered chronically homeless according to the chronic homeless definition).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										

Non-disabled Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24	18	0	0	6	16	17	4	10	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	18	0	0	6	16	17	4	10	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in 24 CFR 578 and additional eligibility requirements in both the FY 2013 – FY 2014 CoC Program NOFA and FY 2014 Funding Notice for permanent supportive housing and rapid re-housing. To complete this table, enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculate above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2014 Funding Notice.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Please note that the definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid rehousing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	Directly from the street or other locations not meant for human habitation.
40%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.

60%	Directly from the street or other locations not meant for human habitation.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

3. Describe the outreach plan to bring these homeless participants into the project.

CH Healthy Homes will rely heavily on the Coordinated Entry System (CES) in SPA 8 to identify chronically homeless individuals for this program. Alliance currently has formal MOUs with 3 SPAs within CES, and informally relies on the organizations involved in the other 4 SPAs to identify and engage chronically homeless persons living on the streets and emergency shelters. When a vacant unit becomes available, Alliance will place the available unit in the CES system to be matched to a participant who would best be served by permanent supportive housing and meets the program criteria of being chronically homeless and HIV-positive. Alliance will leverage the outreach and case management services offered by community partners to connect chronically homeless persons to CH Healthy Homes. Additionally, Alliance's Project Mainstream, a SSO program funded by the Long Beach CoC, will conduct street outreach once a week in coordination with the City of Long Beach Department of Health and Human Services MSC I Street Outreach Team. Outreach is conducted during day-time hours in identified areas where there is a high concentration of homeless persons residing in places not meant for human habitation such as under bridges, streets, etc. Alliance has also established a formal partnership with Long Beach Rescue Mission who will be integral in referring eligible participants staying in their emergency shelter to CH Healthy Homes. Alliance will coordinate with the Rescue Mission to meet with and screen referred participants. Participants currently on Alliance's permanent supportive housing waitlist will also be screened for CH Healthy Homes eligibility.

5D. Discharge Planning Policy

We agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons? SEC. 406.
[42 USC 11362] Yes

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

- a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private
- b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:
Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	15	18	83%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income(from all sources) as of the end of the operating year or program exit.	10	18	56%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

To add information to this list, click on the icon and enter the requested information.

Proposed Measure
The % of persons ...

6B. Additional Performance Measures Detail

Instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%)
The % of persons (Adults) who remained in the permanent housing program (subsidized or unsubsidized) for 181 days (6-months) or longer as of the end of the operating year.	13	18	72%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

All required data elements are captured via HMIS software for participant demographics, service transactions and performance outcomes. The program Navigator will input and report participant data at intake and assessment; the MSC Housing Coordinator will also record participant progress in the HMIS during service provision, and at program exit.

3. Specific data elements and formula proposed for calculating results

The following HMIS data elements will be analysed for tracking results: program entry/exit dates; destination upon program exit; and client demographic characteristics. These metrics will be compiled and compared to stated performance targets.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Housing retention for six months or longer is an important and significant measure of permanent housing stability. The measure will provide program case managers sufficient opportunity to track participant progress and to assist participants with issues adjusting to living in permanent housing.

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2016: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2016. The FY 2014 HUD Appropriations Act requires HUD to obligate FY 2014 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Supportive Housing Bonus" if this project is applying for permanent supportive housing bonus funds.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select "Yes" or "No" to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2014 Funding Notice for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen 3B. The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2014 CoC Program competition. NOTE: Permanent supportive housing bonus projects may not request capital costs. They may request scattered site leasing or tenant based rental assistance; or, if and only if, the applicant can demonstrate that it owns a building or units that are ready to be occupied it may instead request operating costs, project based rental assistance, or sponsor based rental assistance.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will it be feasible for the project to be under grant agreement by September 30, 2016? Yes

2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Permanent Supportive Housing Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 3 Years

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations: 3

(HIDDEN) Grant Term in Months, for use in calculations: 36

Acquisition/Rehabilitation/New Construction (Hidden)	<input type="checkbox"/>
Supportive Services (Hidden)	<input checked="" type="checkbox"/>
Rental Assistance (Hidden)	<input type="checkbox"/>
Leased Units (Hidden)	<input checked="" type="checkbox"/>
Leased Structures (Hidden)	<input type="checkbox"/>
Housing Relocation & Stabilization (Hidden)	<input type="checkbox"/>
Operating (Hidden)	<input checked="" type="checkbox"/>
HMIS (Hidden)	<input type="checkbox"/>

7C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Annual Assistance Requested:		\$229,440	
Grant Term:		3 Years	
Total Request for Grant Term:		\$688,320	
Total Units:		18	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
CA - Los Angeles-...	18	\$229,440	\$688,320

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2014 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

Size of units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2014 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rent: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "7A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: CA - Los Angeles-Long Beach, CA HUD Metro FMR Area (0603799999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$672	\$672	x	12	=	\$0
0 Bedroom	2	x	\$896	\$896	x	12	=	\$21,504
1 Bedroom	16	x	\$1,083	\$1,083	x	12	=	\$207,936
2 Bedroom		x	\$1,398	\$1,398	x	12	=	\$0
3 Bedroom		x	\$1,890	\$1,890	x	12	=	\$0
4 Bedroom		x	\$2,106	\$2,106	x	12	=	\$0
5 Bedroom		x	\$2,422	\$2,422	x	12	=	\$0
6 Bedroom		x	\$2,738	\$2,738	x	12	=	\$0
7 Bedroom		x	\$3,054	\$3,054	x	12	=	\$0
8 Bedroom		x	\$3,370	\$3,370	x	12	=	\$0
9 Bedroom		x	\$3,686	\$3,686	x	12	=	\$0
Total units and annual assistance requested:	18							\$229,440
Grant term:								3 Years
Total request for grant term:								\$688,320

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. Applicants applying for funding under the Permanent Supportive Housing Bonus must review the FY 2014 Funding Notice for additional restrictions in requesting supportive service costs.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Support Service Coordinator - 1.50 FTE = \$67,500 (salary) + \$12,150 (fringe benefits @ 18%) = \$79,650/yr.	\$79,650
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		

12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Mileage (associated with participants) - \$208.33/month x 12 months = \$2,500/yr.	\$2,500
16. Utility Deposits		
17. Operating Costs	a) Office Supplies \$83.34 x 12 months = \$1,001/yr.; b) Telecommunication (landlines & internet) \$83.34 x 12 months = \$1,001/yr.	\$2,000
Total Annual Assistance Requested		\$84,150
Grant Term		3 Years
Total Request for Grant Term		\$252,450

Click the 'Save' button to automatically calculate totals.

7G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity. NOTE: For permanent supportive housing bonus projects, operating costs may be requested if, and only if, the applicant can demonstrate that it owns a building or units that are ready to be occupied.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Description: This is a required field. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Maintenance & Repair to 18 units x \$12.97/month x 12 months = \$2,802/yr.	\$2,800
2. Property Taxes and Insurance	Liability Insurance @ \$125.17/month x 12 months = \$1,502/yr.	\$1,502
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities for 18 units x \$11.59/month x 12 months = \$2,503/yr.	\$2,500
6. Furniture	Furniture for 18 units (beds, table, chairs, dressers, appliances, etc.) x \$20.37/month x 12 months = \$4,400/yr.	\$4,400
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$11,202
Grant Term		3 Years
Total Request for Grant Term		\$33,606

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$88,566
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$88,566

Summary for Leverage

Total Value of Cash Commitments:	\$0				
Total Value of In-Kind Commitments:	\$3,566,200				
Total Value of All Commitments:	\$3,566,200				
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	City of Long Beach...	10/20/2014	\$9,744
Match	Cash	Government	Los Angeles Housi...	10/28/2014	\$61,200
Match	Cash	Private	Alliance for Hous...	10/28/2014	\$17,622
Leverage	In-Kind	Government	Behavioral Health...	10/21/2014	\$91,000
Leverage	In-Kind	Government	St. Mary Medical ...	10/22/2014	\$675,000
Leverage	In-Kind	Government	Substance Abuse F...	10/21/2014	\$675,000
Leverage	In-Kind	Government	LGBTQ Center of L...	10/22/2014	\$270,000
Leverage	In-Kind	Government	Long Beach Rescue...	10/21/2014	\$324,000
Leverage	In-Kind	Government	Project New Hope	10/24/2014	\$300,000
Leverage	In-Kind	Private	AltaMed	10/27/2014	\$648,000
Leverage	In-Kind	Government	AIDS Healthcare F...	10/27/2014	\$162,000
Leverage	In-Kind	Government	LAMP Community	10/22/2014	\$324,000

Applicant: City of Long Beach CoC

130009269

Project: CH Healthy Homes

116415

Leverage	In-Kind	Government	Mental Health Ame...	10/24/2014	\$97,200
----------	---------	------------	----------------------	------------	----------

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Match
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) City of Long Beach - City Funds
5. Date of Written Commitment: 10/20/2014
6. Value of Written Commitment: \$9,744

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Match
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Los Angeles Housing and Community Investment Department - HOPWA
5. Date of Written Commitment: 10/28/2014
6. Value of Written Commitment: \$61,200

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Match
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Alliance for Housing and Healing - Cash Contribution
5. Date of Written Commitment: 10/28/2014
6. Value of Written Commitment: \$17,622

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Behavioral Health Services
5. Date of Written Commitment: 10/21/2014
6. Value of Written Commitment: \$91,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) St. Mary Medical Center, The C.A.R.E. Program
5. Date of Written Commitment: 10/22/2014
6. Value of Written Commitment: \$675,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Substance Abuse Foundation of Long Beach, Inc.
5. Date of Written Commitment: 10/21/2014
6. Value of Written Commitment: \$675,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) LGBTQ Center of Long Beach
5. Date of Written Commitment: 10/22/2014
6. Value of Written Commitment: \$270,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Long Beach Rescue Mission
5. Date of Written Commitment: 10/21/2014
6. Value of Written Commitment: \$324,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Project New Hope
5. Date of Written Commitment: 10/24/2014
6. Value of Written Commitment: \$300,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) AltaMed
5. Date of Written Commitment: 10/27/2014
6. Value of Written Commitment: \$648,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) AIDS Healthcare Foundation
5. Date of Written Commitment: 10/27/2014
6. Value of Written Commitment: \$162,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) LAMP Community
5. Date of Written Commitment: 10/22/2014
6. Value of Written Commitment: \$324,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) Mental Health America of Los Angeles
5. Date of Written Commitment: 10/24/2014
6. Value of Written Commitment: \$97,200

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the field "9. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." Additionally, HUD will not fund greater than 7% of the request listed in the field "Sub-Total Eligible Costs Requested," if the CoC received bonus points in the FY 2013 CoC Program competition for submitting all CoC projects at or below 7%. If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2014 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	\$229,440	3 Years	\$688,320
New Project Application FY2014		Page 74	10/29/2014

2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$84,150	3 Years	\$252,450
5. Operating	\$11,202	3 Years	\$33,606
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$974,376
8. Admin (Up to 10%)			\$68,205
9. Total Assistance Plus Admin Requested			\$1,042,581
10. Cash Match			\$88,566
11. In-Kind Match			\$0
12. Total Match			\$88,566
13. Total Budget			\$1,131,147

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501 (c) 3	10/28/2014
2) Other Attachment(s)	No	CH Healthy Homes ...	10/29/2014
3) Other Attachment(s)	No		

Attachment Details

Document Description: IRS 501 (c) 3

Attachment Details

Document Description: CH Healthy Homes Leverage Letters

Attachment Details

Document Description:

8B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Susan Price

Date: 10/29/2014

Title: Manager, Bureau of Community Health

Applicant Organization: City of Long Beach CA 606

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/29/2014
1E. Compliance	10/29/2014
1F. Declaration	10/20/2014
2A. Subrecipients	10/28/2014
2B. Experience	10/29/2014
3A. Project Detail	10/28/2014
3B. Description	10/29/2014
3C. Expansion	10/20/2014
4A. Services	10/29/2014
4B. Housing Type	10/28/2014
5A. Households	10/28/2014
5B. Subpopulations	No Input Required
5C. Outreach	10/29/2014
5D. Discharge Policy	10/28/2014
6A. Standard	10/29/2014
6B. Additional Performance Measures	10/28/2014
7A. Funding Request	10/20/2014
7C. Leased Units	10/28/2014
7F. Supp Srvcs Budget	10/29/2014
7G. Operating	10/28/2014
7I. Match/Leverage	10/29/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	10/29/2014
New Project Application FY2014	Page 81
	10/29/2014

8B. Certification

10/29/2014

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 27 2011**

ALLIANCE FOR HOUSING AND HEALING
825 COLORADO BLVD STE 100
LOS ANGELES, CA 90041

Employer Identification Number:

DLN:

17053265313000

Contact Person:

JACOB A MCDONALD

ID# 31649

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

April 12, 2011

Contribution Deductibility:

Yes

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

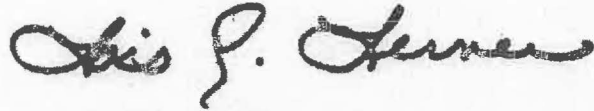
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

ALLIANCE FOR HOUSING AND HEALING

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with the first name "Lois" being more prominent and the last name "Lerner" following in a similar style.

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC



State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

That the attached transcript of 1 page(s) is a full, true and
correct copy of the original record in the custody of this office.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the State
of California this day of

FEB 26 2010

Debra Bowen

DEBRA BOWEN
Secretary of State

Ä 0700949

**CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION
OF**

**SERRA ANCILLARY CARE CORPORATION,
a California nonprofit public benefit corporation**

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 19 2010

Brenda Goodman and Sallie Olmsted-MacKinnon certify that:

1. They are the duly elected President and Secretary, respectively, of SERRA ANCILLARY CARE CORPORATION, a California nonprofit public benefit corporation.

2. Article I of the Articles of Incorporation is amended to read as follows:

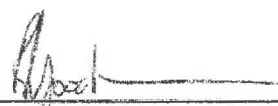
"I. The name of this corporation is ALLIANCE FOR HOUSING AND HEALING."

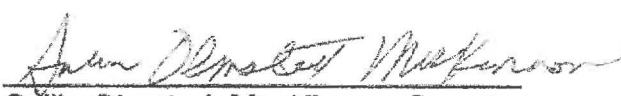
3. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors of the corporation.

4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

Dated: February 18th, 2010


Brenda Goodman, President


Sallie Olmsted-MacKinnon, Secretary

VERIFICATION

Each of the undersigned declares under penalty of perjury under the laws of the State of California that the statements in the foregoing certificate are true and correct of her own knowledge, and that this declaration was executed on February 18th, 2010, at Los Angeles, California.


Brenda Goodman


Sallie Olmsted-MacKinnon

